1.Qualifying Name and Address of Candidate	Office Sought (Include title of office as well as parish, city, town and/or election	OFFICE USE ONLY
DELOS BLACKWELL	district.)	
P.O. BOX 418	PARISH COUNCIL	10/11
ALBANY, LA.	PARISH COUNCIL	
70711	Dist. 9	Sup-2015
3. Date of		2/4
Primary UCT. 24, 20		
This report covers from JANI 2C	015 through DEC. 312015	
4. Type of Report:		
180th day prior to primary	40th day after general	
90th day prior to primary	Annual (future election)	
30th day prior to primary	Supplemental (past election)	
10th day prior to primary		
10th day prior to general	Amendment to prior report	
5. FINAL REPORT if:		
	fter the election AND all loans and debts paid o surplus funds remaining	<u>~~</u>
Unopposed	o surpius iurius remaining	Some all
6. Name and Address of Financial Institution	7. Full Name and Address of Treasurer	
(You are required by law to use one or more banks, savings and loan associations, or money		
market mutual fund as the depository of all campaign funds.)	DELOS BLACKWELL P.O. BOX 418	
Whitney BANK	ALBANY, La. 707/1	6. (1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
Whitney BANK 294355. Montpelier Albany, La. 70711	ALDANY, A. TOTT	
HLbany, La. 70711		
9. Name of Person Preparing Report TRuc	dy Blackwell	HAND DELIVERED
Daytime Telephone 225-439-	1486	the title of the Best to Ame ; the said
10. WE HEREBY CERTIFY that the information	contained in this report and the attached	8. FOR PRINCIPAL CAMPAIGN COMMITTEES ONLY
schedules is true and correct to the best of our kn expenditures have been made nor contributions rec	eived that have not been reported herein, and	Name and address of principal campaign committee, committee's chairperson, and subsidiary
that no information required to be reported by the Lo been deliberately omitted.	uisiana Campaign Finance Disclosure Act has	committees, if any (use additional sheets if necessary).
This day of		
Thisday of	·	
11		
Makes Blake	1/ 225-567-2475	
Signature of Candidate/Chairperson	Daytime Telephone	
(To be signed by Chairperson <i>only</i> if report by principal campaign committee)		
Signature of Treasurer	Daytime Telephone	

CANDIDATE'S REPORT (to be filed by a candidate or his principal campaign committee)

SUMMARY PAGE

RECEIPTS	This Period
Contributions (Schedule A-1)	
2. In-kind Contributions (Schedule A-2)	
3. Campaign paraphernalia sales of \$25 or less	
4. TOTAL CONTRIBUTIONS (Lines 1 + 2 +3)	
5. Other Receipts (Schedule A-3)	
6. Loans Received (Schedule B)	
7. Loan Repayments Received (Schedule D)	
8. TOTAL RECEIPTS (Lines 4 + 5 + 6 + 7)	-0-

DISBURSEMENTS	This Period
9. Expenditures (Schedule E-1)	
10. Other Disbursements (Schedule E-2)	
11. Loan Repayments Made (Schedule B)	\$ 1061.48
12. Funds Loaned (Schedule D)	
13. TOTAL DISBURSEMENTS (Lines 9 + 10 + 11 + 12)	\$ 1061.48

FINANCIAL SUMMARY	Amount		
14. Funds on hand at beginning of reporting period (Must equal funds on hand at close from last report or -0- if first report for this election)	\$1061.48		
15. Plus total receipts this period (Line 8 above)			
16. Less total disbursements this period (Line 13 above)	*1061.48		
17. Less in-kind contributions (Line 2 above)			
18. Funds on hand at close of reporting period (Lines 14+15-16-17)	1-0-		

Form 102, Rev. 11/14

The following information must be provid Also, complete this schedule for loans rec even if from the same source. Any perso	eived in prior pe	riods that are	still outs	tanding. Se	parate loans mus	t be reported separately
Name and address of lender		2. a. Date*_	201	15	b. Interest rate	%(a.p.r.)
P.O. BOX 418	-					. \$ <u>28, 780.10</u>
•		d. Balance	e due			. \$
AL bany, La. 7071		*For lines of credit, give the date the line of credit was first committed at Item 2a and list only the amount actually drawn at Item 2c. OPTIONAL: Total amount of credit available \$				
3. Endorsers/Guarantors		4. Repayme Da	nts this pe	eriod F	Principal	Interest
				* 10	obl.48 clance Loan given	
				Bo	rlance	
				of	LOQN	
				For	given	
(Enter the full name and address of each person endorsed, guaranteed or otherwise secured the loa Also, state the amount of liability for each endorse	n or line of credit.	(List payment list all paymer			st separately. If separa	ate amounts are not known,
Name and address of lender		2. a. Date* b. Interest rate%(a.p.r.)				
		c. Amount borrowed*				
		d. Balance due				
	*For lines of credit, give the date the line of credit was first committed at Item 2a and list only the amount actually drawn at Item 2c. OPTIONAL: Total amount of credit available \$					
3. Endorsers/Guarantors		4. Repayme	nts this pate	eriod	Principal	Interest
		/\ i=4 \(\dots\)	10 of pulse!	nol and intere	et canarately. If canar	rate amounts are not known,
(Enter the full name and address of each person endorsed, guaranteed or otherwise secured the load Also, state the amount of liability for each endors	an or line of credit.	list all paymen	nts under p	par and intere	si separaiery. II separ	ato amounto aro not mown,

SCHEDULE B: LOANS RECEIVED

Form 102, Rev. 11/14